REGISTRATION FORM

Name			Address			
City	State	Zip	Email			
Home Phone		Work Phor	ne	Cell Phone		
Please circle	the appropriate area l	listed below for	where you live:			
	Fayetteville	Unincorpo	rated Fayette County	Town of Brooks	PTC	
8	Town of Tyrone	Woolsey	Another County (ADD 50% Surcharge to	printed fee)	7
I hereby consent to the use and reproduction of any and all photographs and/or video clips taken of me/my child in any form whatsoever for use in the Fayette County Parks and Recreation newsletter, brochures, flyers, on the County and department web sites, and in any other publications produced for the Fayette County Parks and Recreation Department. Consent is also granted for any use of my name /child's name in any part of those publications listed above. I have read this document and am fully aware of the content and limitations, legal and otherwise. Do you need a modification due to a disability to enjoy this program? Circle one: Yes or No						
Print and sign your name clearly Date						
	Witness		Date			
I	Participant Name	Age	Activity	Date	Time	Fee
1.						
2.						
3.						
4.						
5.						
Mail all registration forms to: Fayette County Parks and Recreation Department 140 Stonewall Avenue West, Fayetteville, Georgia 30214						
For office use only: INITIAL:DATE:AMOUNT PAID:CASH/CHECK						
The participant of the above program has received the following: Please identify what was distributed at registration (instructions, camp supplies, handout).						
Designate t-shirt size if required:						

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